

Diagnostic Sheet for Home Fruit Problems

Name _____ Phone # _____
Address _____
City _____ State _____ Zip _____



Instructions: Fill out **both** sides as completely as possible. This is to aid in diagnosing the problem your fruit is experiencing.



Type of fruit _____ Variety _____ Age of planting, if known _____
Brief description of problem (rotten fruit, wormy fruit, lack of growth, etc.) _____

Has the problem occurred before? _____ When _____

Are nearby plants of the same type affected? _____ Is the damage widespread? _____

Confined to a few fruits of branches? _____ Were the plants sprayed? _____

Materials used (list active ingredient(s) if known: 50% malathion, 10% captan) _____

Rate of application (tablespoons/gal, etc.) _____ date applied _____

Is the plant (tree or bush) pruned annually? Occasionally? Never?

Is the site well drained? Poorly drained? Excessively drained?

Is the site level? In a depression? On a slope?

If on a slope, does it face North? South? East? West?

Is the site in full sun? Partial shade? Full shade?

Hours of unobstructed sun per day if in partial shade? _____

Was the soil tested recently? _____ When (date/year) ____/____

Results, if known, pH _____ Ca _____ Mg _____ P _____ K _____

Has limestone or wood ashes been applied recently? _____ when? _____

Rate of application (lbs/100 sq ft) _____

Kind of limestone used: Agriculture? hydrated? other _____

Was fertilizer used? _____ fertilizer grade (5-10-10, 10-10-10, etc.) _____

Rate of application (lbs/100 sq ft; cups/100 sq ft., etc) _____

How was the fertilizer applied? Broadcast evenly over the surface? _____

Placed near the plant stems? _____ spike or pellet? _____

If manure was used what kind? (cow, sheep, chicken, horse, etc.) _____

Was it applied fresh? partially decomposed? decomposed?

Month of application(s)? ____/____

Were any herbicides or weed and feed fertilizers used around or near the fruit plantings? _____

Kind? _____ rate of application (tbl/gal; oz/100 sq ft etc.) _____

If the plants were sprayed, was the sprayer used to disperse herbicides prior to it being used to spray insecticides and fungicides? _____

What was the herbicide? _____ Was the sprayer cleaned? _____
 How? _____ Is the planting mulched? _____ What kind (plastic,
 sawdust, etc)? _____ If an organic mulch is used, what kind? _____
 How thick? _____ When is it applied? _____ is it removed? _____
 when? _____
 Is the problem fruit a recent planting? _____ Were the plants obtained as bare root, container, ball and
 burlapped? _____ if one of the latter, was the container or wrapper removed? _____
 Was the plant(s) watered at planting time and during its first year of growth? _____
 How was the site prepared? (Tilling, liming, fertilizing, pesticides applied, etc) _____



In addition to the above information submit a sample of the "diseased" plant. Include in the sample both
 diseased and healthy tissue. Place the sample in a plastic bag and mail it in a STURDY box and mail at the
 beginning of the week to shorten the time in transit. Fresh material is required for an accurate diagnosis.
 Mail to your **local extension office or the Home & Garden Education Center,**
1380 Storrs Road, U-115, Storrs, CT, 06269-4115.



Date Received _____/_____/_____
 Diagnosis _____
 By whom _____
 Recommendations _____

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